

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320

(916) 739-2501



September 18, 1990

CMSP Letter 90-14

All County Welfare Directors

SUBJECT: CMSP 216 - Rights of Persons Requesting CMSP  
CMSP 217 - Responsibility Checklist

This letter transmits to you camera-ready copies of the revised Spanish version of the CMSP 216, entitled "Rights of Persons Requesting CMSP" and the CMSP 217, entitled "Responsibility Checklist." The English versions of these forms can be obtained through a DHS 2031, forms request, sent to the DHS Warehouse.

Upon receipt of this letter, the county is responsible for the immediate reproduction of an adequate supply of both forms using the camera-ready copies enclosed, and for implementation of these forms. The county's remaining supply of any outdated Spanish forms should be destroyed upon receipt of the new supply of Spanish forms.

If you have any questions concerning these forms, please contact Sherrie Ivec, of the CMSP Unit, at (916) 739-3421.

Sincerely,

A handwritten signature in cursive script that reads 'Jim Martinez'.

Jim Martinez, Chief  
County Medical Services Program

Enclosures

CMSP Contact Persons (w/o enclosures)